

# Infection Control Guidelines: Canine and Feline

## Precautions Key

## Clean Up Key

## Other Symbols

Standard Precautions - Wash hands and/or use waterless hand sanitizer (if hands are not visibly soiled).
Limited contact - Use gloves, wash hands and/or use waterless hand sanitizer
Strict contact (Mini isolation) - Wear gloves and gown for all patient contact. Keep patient in designated area with limited personnel. Wash hands after contact with patient.
Strict isolation - Wear gloves & gown. Boots and/or face protection may also be needed. Generally, the patient will be in an isolation room with limited personnel. Wash hands after contact with patient.

<b>A</b> Clean and disinfect with Accelerated H2O2 (standard 1:64 hospital dilution) or Accelerated H2O2 wipes. Five minute contact time.
<b>B</b> Clean with concentrated Accelerated H2O2 (1:16 dilution, 5 min contact). Infectious agents are best removed by thorough cleaning and scrubbing of the contaminated area.
<b>C</b> Remove all bedding and laundry in hot water with bleach added per protocol. Clean area with Accelerated H2O2. Use insecticide in the area.
<b>D</b> Clean with soap and water to remove organic matter. Follow with 1:10 bleach solution.

<b>Infects Dogs Only</b>	<b>Infects Dogs, Cats and Humans</b>
<b>Infects Dogs and Cats</b>	<b>Contact VMTH IDC Personnel</b>
<b>Infects Cats Only</b>	<b>VMTH IDC Personnel will call Yolo County Public Health</b>
<b>(Z)</b> Potentially zoonotic <b>(Z*)</b> Conditionally zoonotic (see comments) <b>(P)</b> Concern for pregnant women <b>(I)</b> Special concern for the immunocompromised	

Infectious Agent	Disease Manifestations	Transmission & Precautions	Clean-up	Within Hospital	Additional Information
<b>Bartonellosis</b> ( <i>Bartonella</i> spp.) (Z)(I)	No signs, lymphadenopathy, endocarditis.	Arthropod-borne disease; transmissible by blood transfusion; cat and dog scratches/bites.	<b>A</b>	Normal. Care with handling blood or ticks from infected patients. Avoid bites/scratches from infected cats. Causes cat scratch disease in humans.	
<b>Brucellosis</b> ( <i>Brucella</i> spp.) (Z)(I)	Diskospondylitis, epididymitis, reproductive failure, peripheral lymphadenomegaly, fever, rarely CNS sign.	Contact with infected urine, aborted materials, semen, vaginal secretions.	<b>A</b>	Minimize movement around the hospital; transport on covered gurney or in a carrier. Minimize contact with urine. Face shields may be required.	
<b>Campylobacteriosis</b> ( <i>Campylobacter</i> spp.) (Z)(I)	Diarrhea, abdominal cramps or pain and fever.	Fecal-oral, contaminated hands, or fomites.	<b>A</b>	If patient has diarrhea move directly to exam rooms or cage; transport on covered gurney or in a carrier.	
<b>Canine Distemper Virus</b>	Coughing, ocular/nasal discharge, immune suppression, neurologic signs, vomiting, diarrhea.	Droplet secretions from saliva or tears, urine, contaminated fomites, hands, food or water.	<b>A</b>	Move patient directly to examination room or isolation cage.	Usually young dogs (< 1 year). Complete vaccination provides strong immunity. House dogs in isolation at least 4 feet away from other patients. If oxygen required, isolate in ICU oxygen cage.
<b>Canine Influenza Virus</b>	Cough, nasal discharge, fever, lethargy, pneumonia.	Airborne, direct contact with contaminated fomites, hands or clothing.	<b>A</b>		House dogs in isolation at least 4 feet away from other patients. If oxygen required, isolate in ICU oxygen cage.
<b>Canine Parvovirus</b>	Fever, lethargy, vomiting, bloody diarrhea, rarely cardiac manifestations.	Direct contact with infected feces or contaminated fomites.	<b>B</b>		Usually affects young animals (< 1 year). Complete vaccination provides strong immunity.
<b>Clostridium difficile</b> (Z)(P)(I)	No signs or diarrhea, abdominal pain, nausea, and fever.	Fecal-oral, contaminated hands, or fomites.	<b>D</b>	Move patient directly to exam room or cage. Transport on covered gurney or in a carrier.	Risk of disease may increase with antibiotic exposure, immunocompromise, advanced age, or gastrointestinal manipulation/surgery.
<b>Coccidioidomycosis</b> ( <i>Coccidioides</i> spp.) (Z*)	Cough, fever, lethargy, skin lesions, neurologic signs, osteomyelitis, pericarditis.	Inhalation of airborne spores forming on aging bandage materials or necropsy specimens. Tissue form not transmissible between animals.	<b>A</b>	Normal precautions. Avoid bandaging skin lesions. Avoid use of culture for diagnosis if possible (laboratory hazard).	
<b>Cryptococcosis</b> ( <i>Cryptococcus</i> spp.)	Cough, fever, lethargy, skin lesions, neurologic signs, ocular signs, systemic involvement.	Inhalation of airborne spores from the environment. Tissue form not transmissible between animals.	<b>A</b>	Normal precautions. Culture not considered a laboratory hazard.	
<b>Cryptosporidiosis</b> ( <i>Cryptosporidium</i> spp.) (Z)(P)(I)	No signs, diarrhea, abdominal cramps and pain, nausea and vomiting, fever.	Fecal-oral, contaminated hands, or fomites.	<b>B</b>	If patient has diarrhea move directly to exam rooms or cage; transport on covered gurney or in a carrier. Consider use of face shields when working with animals with diarrhea.	
<b>Feline calicivirus</b>	Fever, conjunctivitis, stomatitis, oral and skin ulceration, nasal discharge, facial edema, pneumonia.	Droplets from saliva or nasal discharge, contact with contaminated fomites, hands or clothing.	<b>B</b>	Move patient directly to exam room or cage. Transport cat in carrier. Avoid other cats.	If oxygen required, isolate in ICU oxygen cage. Isolation ward essential for cats with virulent systemic disease (facial edema, skin ulceration, hepatopathy). Contact ID control personnel if suspected.
<b>Feline chlamydiosis</b> ( <i>Chlamydia felis</i> ) (Z*)(I)	Conjunctivitis, nasal discharge, sneezing.	Droplets from ocular or nasal discharge, contact with contaminated fomites, hands or clothing. Weak zoonotic potential.	<b>A</b>		Signs can be very similar to calicivirus. If diagnosis unclear, treat as for calicivirus. If housed in ICU keep cat at least 4 feet away from other patients.
<b>Feline Herpesvirus (Feline Viral Rhinotracheitis)</b>	Fever, conjunctivitis, keratitis, corneal ulceration, ulcerative facial dermatitis, ocular or nasal discharge, pneumonia.	Droplets from saliva or nasal discharge, contact with contaminated fomites, hands or clothing.	<b>A</b>		
<b>Feline Immunodeficiency Virus (FIV)</b>	Immunosuppression, neurologic signs, neoplasia.	Biting.	<b>A</b>	Avoid direct contact with other cats. Leave cage next to hospitalized cats open. No special transport needed.	Virus is not stable in environment.
<b>Feline Infectious Peritonitis (FIP)</b>	Inflammatory lesions in a variety of organs, fever unresponsive to antibiotics, abdominal and thoracic effusion, neurologic signs.	Fecal-oral transmission of feline enteric coronavirus.	<b>A</b>	Avoid direct contact with other cats. No special transport needed.	Virulent FIP virus generally not spread from one cat to another; genetic factors strongly influence susceptibility to disease.
<b>Feline Leukemia Virus (FeLV)</b>	Anemia, immunosuppression, lymphoma, marrow failure, neurologic signs.	Saliva, tears, urine or feces, cat to cat contact, sharing food/water bowls.	<b>A</b>	Avoid direct contact with other cats. Leave cage next to hospitalized cats open. No special transport needed.	Virus is not stable in environment. Prolonged close contact (weeks to months) often required for transmission.
<b>Feline Panleukopenia Virus (FPV)</b>	Panleukopenia, diarrhea and secondary bacterial infections.	Shed in feces, vomit, urine, saliva and mucus.	<b>B</b>	Move patient directly to exam room or cage. Transport cat in a carrier. Avoid other cats.	
<b>Fleas</b>	Pruritis, alopecia, unthrifty appearance, anemia, fleas and/or droppings present on animal.	Contact with fleas or animals/bedding infested with fleas. Treat animals as appropriate.	<b>C</b>	Avoid direct contact with other animals. No special transport needed.	
<b>Giardiasis</b> ( <i>Giardia intestinalis</i> ) (Z*)	No signs or diarrhea, vomiting, greasy stool, flatulence.	Fecal-oral, contaminated hands, or fomites. Strains vary in zoonotic potential.	<b>A</b>	If patient has diarrhea move directly to exam rooms or cage; transport on covered gurney or in a carrier.	
<b>Influenza Virus H1N1</b> (Z)(P)(I)	Cough, nasal discharge, fever, lethargy, pneumonia.	Airborne, direct contact with contaminated fomites, hands or clothing.	<b>A</b>	Move patient directly to isolation. Handle with care by dedicated personnel. N95 masks should be worn.	If oxygen required, isolate in ICU oxygen cage.
<b>Kennel cough</b> ( <i>Bordetella bronchiseptica</i> ) (Z)(I), parainfluenza virus, canine adenovirus, canine respiratory coronavirus, <i>Mycoplasma</i> spp., <i>Streptococcus zooepidemicus</i> )	Coughing, nasal discharge, dyspnea in severe cases.	Airborne, contaminated hands, or fomites.	<b>A</b>	Move patient directly to exam room or isolation cage. Transport on covered gurney or in a carrier. Avoid other dogs.	
<b>Hemoplasmosis</b> ( <i>Mycoplasma haemofelis</i> ) (Z*)(I)	Fever, anemia.	Unknown; biting and arthropod vectors suspected. Human infection reported in the immunocompromised.	<b>A</b>	Normal precautions. Care with handling blood or ticks from infected patients.	
<b>Leptospirosis</b> ( <i>Leptospira</i> spp.) (Z)(P)(I)	Fever, vomiting, diarrhea, kidney failure with or without liver disease, rarely pulmonary hemorrhage.	Shed in urine, organism penetrates intact mucous membranes or abrasions.	<b>A</b>	Minimize movement around the hospital; transport on covered gurney or in a carrier. Minimize contact with urine, especially prior to doxycycline therapy. Face shields may be required. Contact precautions can be lifted after 72 hours of effective antimicrobial administration.	
<b>Multiple Drug Resistant Infections (Z*)</b>	Pyoderma, surgery site infections, diarrhea, urinary tract infection, respiratory infection or septicemia.	Contact with infected body fluids, direct contact with contaminated fomites, hands or clothing. <i>Staph. pseudintermedius</i> prefers not to colonize humans.	<b>A</b>	Move directly to exam room or cage and transport on protected gurney or in a carrier.	Look for Alert in VMACS. Refer to clinician or infection control technician.
<b>Tuberculous mycobacteriosis</b> ( <i>Mycobacterium tuberculosis</i> , <i>Mycobacterium bovis</i> ) (Z*)(I)	Fever, cough, lymphadenopathy, vomiting, diarrhea, weight loss.	Aerosol transmission.	<b>A</b>	Move patient directly to isolation. Handle with care by dedicated personnel. N95 masks should be worn.	Infections are rare. Dogs acquire infection from infected humans (reverse zoonosis). Transmission back to humans has not been demonstrated.
<b>Mycobacterium avium, other mycobacteria</b>	Fever, cough, lymphadenopathy, diarrhea, vomiting, skin lesions, osteomyelitis.	Acquired from soil, not transmitted between animals.	<b>A</b>	Normal precautions.	
<b>Plague and tularemia</b> ( <i>Yersinia pestis</i> , <i>Francisella tularensis</i> ) (Z)	Fever, cutaneous abscesses, lymphadenopathy.	Transmitted by aerosol, rodent fleas, ticks.	<b>A</b>	Move patient directly to isolation. Handle with care by dedicated personnel. N95 masks should be worn.	Usually history of contact with wild rodents. Especially cats. Doxycycline prophylaxis required for in-contact personnel. Treat fleas.
<b>Rabies (Z)(P)</b>	Fever, rapidly progressive neurologic signs, especially change in behavior, paralysis.	Transmitted by biting or contact with saliva or tissues at necropsy.	<b>A</b>	Move patient directly to isolation (rabies ward). Handle with extreme care by dedicated personnel to avoid bites.	Communicate bites to Yolo county public health. Virus unstable in environment. Vaccination provides protection.
<b>Ringworm (dermatophytosis)</b> ( <i>Microsporum canis/Trichophyton</i> ) (Z)(I)	Red lesion with a ring of scale, alopecia.	Direct contact with infected hair or contaminated fomites. Ringworm can live in environment for extended periods of time.	<b>A</b>	Move patient directly into exam room or cage. Avoid direct contact with other animals or humans. Animals infected with <i>Microsporum canis</i> should be placed in isolation if hospitalized. Use 10 minute disinfectant contact times.	
<b>Salmonellosis</b> ( <i>Salmonella</i> sp.) (Z)(P)(I)	Fever, abdominal pain, nausea, vomiting, diarrhea, systemic organ involvement.	Fecal-oral, contaminated hands or fomites.	<b>A</b>	Move directly to exam rooms or cage; transport on covered gurney or in a carrier.	
<b>Salmon poisoning disease</b> ( <i>Neorickettsia helminthoeca</i> )	Fever, vomiting, diarrhea, lymphadenopathy.	Ingestion of infected fish. Potentially fecal-oral.	<b>A</b>	Normal precautions.	
<b>Sarcoptic Mange</b> ( <i>Sarcoptes scabiei</i> ) (Z)	Severe pruritis, especially on ear margins, elbows, ventral abdomen/thorax and tarsal regions.	Direct contact with infected animal or animal's environment (bedding, cage, etc.).	<b>C</b>	Avoid direct contact with other animals. No special transport needed.	Sarcoptes can live away from the host for up to 36 hours.
<b>Sporotrichosis</b> ( <i>Sporothrix schenckii</i> ) (Z)(I)	Nodular, ulcerated or crusting skin lesions, especially nasal bridge in cats	Direct contact with skin lesions. A break in the skin is not necessary for transmission to humans.	<b>A</b>	Normal precautions. Avoid excessive movement around the hospital.	
<b>Tick-borne diseases</b> ( <i>Anaplasma phagocytophilum</i> , <i>Borrelia burgdorferi</i> , <i>Rickettsia rickettsii</i> ) (Z*)	Fever, lymphadenopathy, lameness, vomiting, cough, other systemic signs.	Tick-borne diseases; potentially transmissible by blood transfusion.	<b>A</b>	Normal precautions. Care with handling blood or ticks from infected patients.	
<b>Toxoplasmosis</b> ( <i>Toxoplasma gondii</i> ) (Z*)(P)(I)	None or diarrhea, fever, systemic disease, lethargy.	Fecal-oral. Generally transmitted to humans through ingestion of rare meat.	<b>A</b>	Normal precautions. Most diseased cats do not shed oocysts, but pregnant women or the immunocompromised should avoid contact with infected cats. Shed oocysts not infective for at least 24h so clean litter daily. Test feces of diseased cats for oocysts.	